

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016199

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2311

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2311

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Belton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		d. STREET ADDRESS (If outside, give location) 306 Sunset Lane	

3. NAME OF DECEASED (Type or print) RUSSELL SAGE MULLEN			4. DATE OF DEATH Month April Day 15 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/31/1921	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Insurance & Realtor		10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (City and state or country) Belton, Mo.	

13a. FATHER'S NAME John Mullen		13b. MOTHER'S MAIDEN NAME Mollie Hughart		14. NAME OF HUSBAND OR WIFE Dot H. Mullen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Madalyn Gebert Address Belton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL IMPAIRMENT, CHRONIC, MARKED		INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) HYDRONEPHROSIS, BILATERAL, + ANEMIA, MARKED		2 Mo.
DUE TO (c) CARCINOMA OF PROSTATE, WITH MULTIPLE METASTASES		3 Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) EMPHYSEMA, PULMONARY, BILATERAL, SEVERE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year [REDACTED]		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]
21. I attended the deceased from SEPT. 30, 1961 to APRIL 15, 1963 and last saw her/him alive on APRIL 15, 1963 Death occurred at 3:46 P m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Herbert A. Tracy (Degree or title) M. D.	22b. ADDRESS 416 Main St. Belton, Mo.	22c. DATE SIGNED 4/16/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/17/1963	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	23d. LOCATION (City, town, or county) Belton, Mo.
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24. FUNERAL DIRECTOR E. K. George & Sons, Inc. Belton, Mo.	25. DATE RECD. BY LOCAL REG. 4-17-63	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Herbert A. Tracy MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.